Training as a "Doc With Disabilities"

We applaud Meeks et al[1] for their article published in the October 2019 issue of the *Journal of Graduate Medical Education* that highlights a fourth barrier to accessibility in graduate medical education (GME): unfamiliarity with disability inclusion. It is time that our pursuit of a diverse workforce includes appreciation for and support of trainees with disabilities. Following the outlined steps of Meeks et al may lead to increased support for trainees.

We hope this discussion of our experience with transparency in the accommodation process will encourage residency programs to incorporate the inclusive language the article suggests as well as encourage doctors with disabilities to tackle the art of disclosure.

The article was inspiration to share a story: For one of us, Dr. Meiss, a serious medical condition was diagnosed near birth. By the time residency applications were submitted, there had been nearly 3 decades of practicing self-care while completing requirements of school and work.

As a resident applicant, Dr. Meiss struggled immensely whether or not to disclose the illness in the residency application. Some mentors suggested that disclosure could lead to removal from the applicant pool. Others saw that the illness as something that drives and connects extracurricular advocacy work, and as a source of strength and resilience. This discrepant advice highlighted the work that is still needed to destigmatize chronic illness in medicine.

Ultimately, Dr. Meiss chose to make her illness evident in her application. While searching for the perfect residency program, she sought out a program with inclusive language and a diverse group of residents. The residency program director at the program which Dr. Meiss would ultimately attend made it clear on interview day that her experience with chronic illness was an asset, and this was reinforced by the faculty who asked appropriate questions but did not seem to question her ability to be a successful physician.

When orientation began, her program director respectfully requested to meet in person to discuss accommodations. With permission, she organized a meeting with Dr. Meiss and her health care provider to identify necessary accommodations and how she could best be supported. Disclosure to co-residents and preceptors was left to her discretion. In discussions with her program director, it was clear that a mutual commitment to transparency, respect, and preparedness made the program director comfortable with arrangements they had made. Dr. Meiss has felt respected and protected throughout this process, and has been able to thrive as a resident.

We agree that unfamiliarity with the benefits of disability inclusion is prohibiting active recruitment of trainees with disability. Unfortunately, stigmatization may discourage current doctors with disabilities from disclosing their conditions, thus prohibiting others from recognizing the benefits of disability inclusion.

Residency programs consistently tout that they are looking for candidates with resilience. If this is truly what we value, the pool of applicants with disabilities is a great place to start.

Lauren Meiss, MD, MSc
PGY-2, Obstetrics Gynecology and Reproductive Sciences, Yale New Haven Hospital

Julia Cron, MD
Residency Program Director, Department of Obstetrics Gynecology and Reproductive Sciences, Yale School of Medicine

References

1. Meeks LM, Jain NR, Moreland C, Taylor N, Brookman JC, Fitzsimons M. Realizing a diverse and inclusive workforce: equal access for residents with disabilities. *J Grad Med Educ*. 2019;11(5):498–503. https://doi.org/10.4300/JGME-D-19-00286.1.

DOI: http://dx.doi.org/10.4300/JGME-D-20-00050.1